

1999 DRAFTING REQUEST**Bill**Received: **12/14/98**Received By: **kahlepj**Wanted: **As time permits**

Identical to LRB:

For: **Frank Urban (608) 266-9175**By/Representing: **Sara Bushman**This file may be shown to any legislator: **NO**Drafter: **kahlepj**

May Contact:

Alt. Drafters:

Subject: **Insurance - health**
Health - miscellaneous

Extra Copies:

Pre Topic:

No specific pre topic given

Topic:

Eliminate requirement that out-of-state provider be medicaid-certified for HIRSP coverage

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	kahlepj 12/15/98	chanaman 12/28/98		_____			State
/P1			martykr 12/30/98	_____	lrb_docadmin 12/30/98		State
/1	kahlepj 03/16/99	jgeller 03/17/99	hhagen 03/18/99	_____	lrb_docadmin 03/18/99	lrb_docadmin 03/25/99	State
/2	kahlepj 05/5/99	jgeller 05/7/99	martykr 05/10/99	_____	lrb_docadmin 05/10/99	lrb_docadmin 05/10/99	

FE Sent For: (03/25/99, 05/10/99.
"1" "2")

<END>

3/25/99 3:55:57 PM

Page 1

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/1	kahlepj 03/16/99	jgeller 03/17/99	hhagen 03/18/99	_____	lrb_docadmin 03/18/99	lrb_docadmin 03/25/99	

FE Sent For: (03/25/99.)

("1")

 (03/10/99)

 ("1/2")

1/2 *5/1 jlg* *4/m 5/r*

<END>

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/1	kahlepj 03/16/99	jgeller 03/17/99	hhagen 03/18/99	_____	lrb_docadmin 03/18/99		

FE Sent For:

<END>

12/30/98 3:53:11 PM
Page 1.

1999 DRAFTING REQUEST

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/?	kahlepj 12/15/98	chanaman 12/28/98					State
/P1		13/17 jlg	martykr 12/30/98 01/3/99		lrb_docadmin 12/30/98		

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<END>

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1/?	kahlepj	/PI Pst 12/21/98 /PI jlg 12/25	12/30	cmh 12/30 km 12/30	Do submit 2's		

FE Sent For:

<END>

LEGISLATIVE REFERENCE BUREAU**BILL REQUEST FORM**

Legal Section, 5th Floor, 100 N. Hamilton St.
(608) 266-3561

Use of this form is optional. It is often helpful to talk directly with the LRB attorney who will draft the bill.
Use this form only for **BILL** drafts. Attach more pages if necessary.

Date of request:	Legislator or agency requesting this draft: <i>Urban</i>
Name/phone number of person submitting request: <i>Sara Buschman 6-9175</i>	
Persons to contact for questions about this draft (names and phone numbers please): <i>Rep Urban / Sara Buschman - 6-9175</i> <i>Kevin Lewis (DHFS) 6-3262</i>	
Describe the problem, including any helpful examples. How do you want to solve the problem? <i>See a Hacked sheet</i>	
If you know of any statute sections that might be affected, please list them or provide a marked (not re-typed) copy.	

Please attach a copy of any correspondence or material that may help us. You may also attach a marked (not re-typed) copy of any LRB draft, or provide its number (e.g., 1997 LRB-2345/1 or 1995 AB-67):

Requests are confidential unless stated otherwise.

May we tell others that we are working on this for you? ☐ YES ☒ NO

If yes, anyone who asks? ☐ YES ☐ NO

Any legislator? ☐ YES ☐ NO ☐ ONLY the following persons:

Do you consider this urgent? ☐ YES ☒ NO If yes, please indicate why:

Is this request of higher priority than other pending request(s) you have made?

☐ YES ☒ NO If yes, please sign your name here:



DRAFT

HEALTH INSURANCE RISK SHARING PLAN (HIRSP)

ISSUE:

Can the Health Insurance Risk Sharing Plan (HIRSP) eliminate the requirement that out-of-state providers be Medicaid-certified and instead substitute HIRSP-specific certification requirements?

CURRENT POLICY AND CONCERNS:

HIRSP statutes require that all HIRSP providers be Medicaid-certified. Some policyholders have expressed concerns that this Medicaid certification requirement is perceived as a barrier to providers choosing to serve HIRSP policyholders. Some policyholders view the Medicaid certification as part of a "welfare" program and feel that as policyholders paying their own premiums, they should not have to have endure the stigma associated with an entitlement program such as Medicaid.

NECESSARY ACTIONS TO CHANGE POLICY:

[State law currently requires all HIRSP providers to be Medicaid-certified and would have to be changed to eliminate this requirement for out-of-state providers.

149.14(3) (intro.)

ADMINISTRATIVE PROCEDURES:

EDS procedures would have to change, but those changes would be minimal.

A HIRSP-specific provider agreement would be added to the HIRSP out-of-state data sheet that is currently sent out to out-of-state providers. Currently EDS checks to see if an out-of-state provider has been sanctioned by Medicaid or Medicare and would continue that procedure.

IMPLICATIONS OF CHANGE:

A HIRSP-specific provider agreement would likely be more enforceable for out-of-state providers than the HIRSP out-of-state data sheet. Included in this out-of-state HIRSP-specific agreement could be information specific to HIRSP reimbursement and the requirement that providers accept HIRSP payment as payment in full. The administrative effort involved in eliminating the Medicaid certification requirement for HIRSP out-of-state providers appears to be minimal.



State of Wisconsin
1999 - 2000 LEGISLATURE

LRB-1273/

PJK

PI

jl

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

[D-Note]

gen cat

- 1 AN ACT ~~relating to~~; relating to: medical assistance certification of providers under the
- 2 mandatory health insurance risk-sharing plan.

Analysis by the Legislative Reference Bureau

The health insurance risk-sharing plan (HIRSP) provides major medical health insurance coverage for persons who are covered under medicare because they are disabled, persons who have tested positive for HIV and persons who have been refused coverage, or coverage at an affordable price, in the private health insurance market because of their mental or physical health condition. Also eligible for coverage are persons who do not currently have health insurance coverage, but who were covered under certain types of health insurance coverage for at least 18 months in the past. Responsibility for administering HIRSP is split between the department of health and family services (DHFS) and a board of governors.

Generally, HIRSP provides coverage for the usual and customary charges for services that are provided by chiropractors who are licensed in this state and who are certified as medical assistance providers and for services and articles that are provided by providers who are certified as medical assistance providers and that were prescribed by physicians who are licensed in this state, or in another state, and who are certified as medical assistance providers. This bill removes the requirement that, for coverage of services or articles prescribed by a physician who is licensed in another state, the physician must be certified as a medical assistance provider. Instead, such a physician must satisfy any certification requirements of DHFS. The bill also qualifies the requirement that, for coverage of services or articles properly prescribed, the provider providing the service or article must be certified as a medical

satisfy

assistance provider. If the provider is licensed in this state, the provider must be certified as a medical assistance provider. If the provider is licensed in another state, however, the provider must satisfy any certification requirements of DHFS.

For further information see the **state** fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

NO EXTRA SPACE THERE. (It's justifying)

SECTION 1. 149.14 (3) (intro.) of the statutes is amended to read:

149.14 (3) COVERED EXPENSES. (intro.) Except as restricted by cost containment provisions under s. 149.17 (4) and except as reduced by the board under s. 149.15 (3) (e) or by the department under s. 149.143 or 149.144, covered expenses for the coverage under this section shall be the usual and customary charges for the services provided by persons licensed under ch. 446 and certified under s. 49.45 (2) (a) 11. Except as restricted by cost containment provisions under s. 149.17 (4) and except as reduced by the board under s. 149.15 (3) (e) or by the department under s. 149.143 or 149.144, covered expenses for the coverage under this section shall also be the usual and customary charges for the following services and articles if the service or article is prescribed by a physician who is licensed under ch. 448 and who is certified under s. 49.45 (2) (a) 11., or by a physician who is licensed in another state and who is certified under s. 49.45 (2) (a) 11. satisfies any certification requirements of the department, and if the service or article is provided by a provider who, if licensed in this state, is certified under s. 49.45 (2) (a) 11., or who, if licensed in another state, satisfies any certification requirements of the department:

History: 1979 c. 313, 1981 c. 39 s. 22; 1981 c. 83; 1981 c. 314 ss. 117, 146; 1983 a. 27; 1985 a. 29 s. 3202 (30), 1985 a. 332 s. 253, 1987 a. 27, 239; 1989 a. 332, 1991 a. 39, 269; 1995 a. 463; 1997 a. 27 ss. 3026c, 4847 to 4859; Stats. 1997 s. 149.14; 1997 a. 237.

SECTION 2. Initial applicability.

3 (END)

D-note

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

PI
LRB-1273/1dn

PJK. lgt...

+
jg

1. Would you like the draft to specify that the certification requirements for out-of-state providers must be promulgated by rule? Would you like the draft to specify that the certification requirements must be included in a provider agreement? Alternatively, you could leave the language in the draft as it is and not specify either one.

2. I did not remove the medical assistance certification requirement for chiropractors because under the statute chiropractors must be licensed under ch. 446. Conceivably, a chiropractor could be licensed to practice in more than one state, but if a chiropractor were licensed under ch. 446, he or she would be able to practice in Wisconsin and would not be an "out-of-state" provider.

Pamela J. Kahler
Senior Legislative Attorney
266-2682

technically

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-1273/P1dn
PJK:pgt&jlg:km

December 30, 1998

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Pamela J. Kahler
Senior Legislative Attorney
266-2682



State of Wisconsin
1999 - 2000 LEGISLATURE

LRB-1273/P1

PJK:pgt&jlg:km

rm is run

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

- Draft*
- Reger*
- 1 AN ACT to amend 149.14 (3) (intro.) of the statutes; relating to: medical
2 assistance certification of providers under the mandatory health insurance
3 risk-sharing plan.

Analysis by the Legislative Reference Bureau

The health insurance risk-sharing plan (HIRSP) provides major medical health insurance coverage for persons who are covered under medicare because they are disabled, persons who have tested positive for HIV and persons who have been refused coverage, or coverage at an affordable price, in the private health insurance market because of their mental or physical health condition. Also eligible for coverage are persons who do not currently have health insurance coverage, but who were covered under certain types of health insurance coverage for at least 18 months in the past. Responsibility for administering HIRSP is split between the department of health and family services (DHFS) and a board of governors.

Generally, HIRSP provides coverage for ~~the services and articles that are provided by~~ services that are provided by chiropractors who are licensed in this state and who are certified as medical assistance providers and for services and articles that are provided by providers who are certified as medical assistance providers and that were prescribed by physicians who are licensed in this state, or in another state, and who are certified as medical assistance providers. This bill removes the requirement that, for coverage of services or articles prescribed by a physician who is licensed in another state, the physician must be certified as a medical assistance provider. Instead, such a physician must satisfy any certification requirements of DHFS. The bill also qualifies the requirement that, for coverage of services or articles properly

Unless practicing in another practicing
prescribed, the provider providing the service or article must be certified as a medical assistance provider. ~~If~~ the provider is ~~licensed in this~~ state; the provider must be certified as a medical assistance provider. If the provider is ~~licensed~~ in another state, ~~however~~, the provider must satisfy any certification requirements of DHFS.

For further information see the **state** fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 149.14 (3) (intro.) of the statutes is amended to read:

2 149.14 (3) COVERED EXPENSES. (intro.) Except as restricted by cost containment
3 provisions under s. 149.17 (4) and except as reduced by the board under s. 149.15 (3)
4 (e) or by the department under s. 149.143 or 149.144, covered expenses for the
5 coverage under this section shall be the usual and customary charges for the services
6 provided by persons licensed under ch. 446 and certified under s. 49.45 (2) (a) 11.
7 Except as restricted by cost containment provisions under s. 149.17 (4) and except
8 as reduced by the board under s. 149.15 (3) (e) or by the department under s. 149.143
9 or 149.144, covered expenses for the coverage under this section shall also be the
10 usual and customary charges for the following services and articles if the service or
11 article is prescribed by a physician who is licensed under ch. 448 and who is certified
12 under s. 49.45 (2) (a) 11., or by a physician who is licensed in another state and who
13 is certified under s. 49.45 (2) (a) 11. satisfies any certification requirements of the
14 department, and if the service or article is provided by a provider who
15 is certified under s. 49.45 (2) (a) 11., or who, if ~~licensed~~ in another state,
16 satisfies any certification requirements of the department:

17 **SECTION 2. Initial applicability.**

✓ practicing

1 (1) This act first applies to services and articles prescribed or provided on the
2 effective date of this subsection.

3 (END)

D-note

HP These changes were made at the
request of Kevin Lewis from DHFS.

PJK

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-1273/1dn
PJK;jlg:hmh

March 18, 1999

These changes were made at the request of Kevin Lewis from DHFS.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: Pam.Kahler@legis.state.wi.us

SUBMITTAL FORM

LEGISLATIVE REFERENCE BUREAU Legal Section Telephone: 266-3561 5th Floor, 100 N. Hamilton Street

The attached draft is submitted for your inspection. Please check each part carefully, proofread each word, and **sign** on the appropriate line(s) below.

Date: 3/18/99

To: Representative Urban

Relating to LRB drafting number: LRB-1273

Topic

Eliminate requirement that out-of-state provider be medicaid-certified for HIRSP coverage

Subject(s)

Insurance - health, Health - miscellaneous

1. **JACKET** the draft for introduction _____

in the **Senate** _____ or the **Assembly** 2 (check only one). Only the requester under whose name the drafting request is entered in the LRB's drafting records may authorize the draft to be submitted. Please allow one day for the preparation of the required copies.

2. **REDRAFT.** See the changes indicated or attached _____

A revised draft will be submitted for your approval with changes incorporated.

3. Obtain **FISCAL ESTIMATE NOW**, prior to introduction _____

If the analysis indicates that a fiscal estimate is required because the proposal makes an appropriation or increases or decreases existing appropriations or state or general local government fiscal liability or revenues, you have the option to request the fiscal estimate prior to introduction. If you choose to introduce the proposal without the fiscal estimate, the fiscal estimate will be requested automatically upon introduction. It takes about 10 days to obtain a fiscal estimate. Requesting the fiscal estimate prior to introduction retains your flexibility for possible redrafting of the proposal.

If you have any questions regarding the above procedures, please call 266-3561. If you have any questions relating to the attached draft, please feel free to call me.

Pamela J. Kahler, Senior Legislative Attorney
Telephone: (608) 266-2682

NOTE: PLEASE RETURN THIS BILL DRAFT AND THIS TRANSMITTAL SHEET
WITH YOUR FISCAL ESTIMATE FORMS

IF THERE IS A FISCAL EFFECT TO THE BILL, PLEASE SUBMIT THE
FISCAL ESTIMATE WORKSHEET.

TO: **Bonnie Niemann**

Department of Health and Family Services

FROM: Deborah Uecker
Division of Executive Budget and Finance
101 East Wilson Street
Administration Building, 10th Floor
Madison, WI 53702

SUBJECT: Fiscal Estimate - LRB Number 1273/1
1999 Bill Number ^Z

FYI
Bill is now a 1/2"
copy to
Rep. Urban
07-12-99

Please provide the necessary information on fiscal estimate forms and return two (2) copies to

Deborah Uecker, no later than: 02-Apr-99

If you cannot comply with the above deadline for any reason, please call Deborah at 267-0371.



Provide local government costs.

_____ is responsible for local government costs.

ALSO SENT TO:

Department of Health and Family Services

DATE DOA SENT TO AGENCY:

26-Mar-99

DATE DOA RECEIVED FROM AGENCY:

7/12/99

TO BE COMPLETED BY AGENCY:

Name and phone number of person who prepared the fiscal estimate.

(Name)

(Phone Number)

PLEASE SEND ORIGINAL COPIES OF THE FORMS THAT CAN BE REPRODUCED.

FISCAL ESTIMATE FORM

1999 Session

☒ ORIGINAL☐ UPDATED☐ CORRECTED☐ SUPPLEMENTAL

LRB # 1273/1

INTRODUCTION #

Admin. Rule #

Subject

Changes in certification procedure for Health Insurance Risk Sharing Plan (HIRSP) coverage of physicians who are licensed in another state.

Fiscal Effect

State: ☒ No State Fiscal Effect

Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.

☐ Increase Costs - May be possible to Absorb Within Agency's Budget ☐ Yes ☐ No

☐ Increase Existing Appropriation☐ Increase Existing Revenues☐ Decrease Existing Appropriation☐ Decrease Existing Revenues☐ Create New Appropriation☐ Decrease CostsLocal: ☐ No local government costs1. ☐ Increase Costs☐ Permissive ☐ Mandatory3. ☐ Increase Revenues☐ Permissive ☐ Mandatory2. ☐ Decrease Costs☐ Permissive ☐ Mandatory4. ☐ Decrease Revenues☐ Permissive ☐ Mandatory

5. Types of Local Governmental Units Affected:

☐ Towns ☐ Villages ☐ Cities☐ Counties ☐ Others _____☐ School Districts ☐ WTCS Districts

Fund Sources Affected

☐ GPR ☐ FED ☐ PRO ☐ PRS ☐ SEG ☐ SEG-S

Affected Ch. 20 Appropriations

Assumptions Used in Arriving at Fiscal Estimate:

This bill removes the requirement under the Health Insurance Risk Sharing Plan (HIRSP) that, for coverage of services or articles prescribed or provided by a physician who is licensed in another state, the physician must be certified as a medical assistance provider. Instead, these providers must satisfy any certification requirements of the Department.

Funding for the HIRSP program is provided by state GPR, state SEG funding, policyholder premiums, assessments to the insurance industry, and assessments to health care providers in the form of provider discounts.

The HIRSP program currently has a formal administrative procedure to certify providers who are licensed out of state. It is assumed that the bill's specified changes in the certification procedure will have no increases in administrative costs. It is also assumed that the changes will not affect utilization of services. The bill has no fiscal effect.

Long-Range Fiscal Implications:

Prepared By: / Phone # / Agency Name

Richard T. Chao/ 267-0356

DHFS.OSF

Authorized Signature / Telephone No.

John Kiesow, 266-9622

Date

6/3/99

7-8-99

1847

FISCAL ESTIMATE WORKSHEET

Detailed Estimate of Annual Fiscal Effect

1999 Session

☒ ORIGINAL
☐ CORRECTED

☐ UPDATED
☐ SUPPLEMENTAL

LRB # 1273/1

Admin. Rule #

INTRODUCTION #

Subject

Changes in certification procedure for Health Insurance Risk Sharing Plan (HIRSP) coverage of physicians who are licensed in another state.

I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):

II. Annualized Costs:		Annualized Fiscal impact on State funds from:	
		Increased Costs	Decreased Costs
A. State Costs by Category			
State Operations - Salaries and Fringes		\$	\$ -
(FTE Position Changes)		(FTE)	(- FTE)
State Operations - Other Costs			-
Local Assistance			-
Aids to Individuals or Organizations			-
TOTAL State Costs by Category		\$ 0	\$ -
B. State Costs by Source of Funds		Increased Costs	Decreased Costs
GPR		\$	\$ -
FED			-
PRO/PRS			-
SEG/SEG-S			-
State Revenues Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)		Increased Rev.	Decreased Rev.
GPR Taxes		\$	\$ -
GPR Earned			-
FED			-
PRO/PRS			-
SEG/SEG-S			-
TOTAL State Revenues		\$	\$ -

NET ANNUALIZED FISCAL IMPACT

STATE

LOCAL

NET CHANGE IN COSTS \$0

\$0

NET CHANGE IN REVENUES \$0

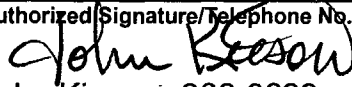
\$0

Prepared By: / Phone # / Agency Name

Richard T. Chao

DHFS/OSF

Authorized Signature/Telephone No.


 John Kiesow, 266-9622

Date

 7-8-99
 6/3/99



State of Wisconsin
1999 - 2000 LEGISLATURE

LRB-1273/2
PJK:jlg:hmh

V mis run

1999 BILL

*SOON
(5-5)*

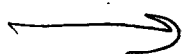
Regen

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BILL

requirement that, for coverage of services or articles properly prescribed, the provider providing the service or article must be certified as a medical assistance provider. Unless the provider is practicing in another state, the provider must be certified as a medical assistance provider. If the provider is practicing in another state, the provider must satisfy any certification requirements of DHFS.

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The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 149.14 (3) (intro.) of the statutes is amended to read:

149.14 (3) COVERED EXPENSES. (intro.) Except as restricted by cost containment provisions under s. 149.17 (4) and except as reduced by the board under s. 149.15 (3) (e) or by the department under s. 149.143 or 149.144, covered expenses for the coverage under this section shall be the usual and customary charges for the services provided by ~~persons~~ ^{who is} licensed under ch. 446 and certified under s. 49.45 (2) (a) 11. Except as restricted by cost containment provisions under s. 149.17 (4) and except as reduced by the board under s. 149.15 (3) (e) or by the department under s. 149.143 or 149.144, covered expenses for the coverage under this section shall also be the usual and customary charges for the following services and articles if the service or article is prescribed by a physician who is licensed under ch. 448 and who is certified under s. 49.45 (2) (a) 11., or by a physician who is licensed in another state and who is certified under s. 49.45 (2) (a) 11. satisfies ~~the~~ ^{certification requirements of the} department, and if the service or article is provided by a provider who is certified under s. 49.45 (2) (a) 11., or who, if practicing in another state, satisfies ~~the~~ ^{certification requirements of the} department:

SECTION 2. Initial applicability.

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A-2

a chiropractor who is

who is a chiropractor who is licensed in another state and who satisfies certification requirements of the department

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1 (1) This act first applies to services and articles prescribed or provided on the
2 effective date of this subsection.

3 (END)

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In addition, the bill provides that HIRSP[✓] will cover the services of a chiropractor who is licensed in another state if the chiropractor satisfies certification requirements of DHFS.

(END OF INSERT A-2)